

Office of Administration  
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Due on the 25th of month	Car payment	\$341.90	Mother is being induced 3/9 following a high risk pregnancy. FOB has pulled financial support after argument. mother considered shelter but plans to use tax return, small amt of savings to keep children in their home
AMOUNT TO BE REIMBURSED		341.90	

**Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only!**

Thank you.

Authorized person requesting purchase: Jenny Uhlig Megan Longman

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_



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If you did not sign up for free automatic recurring payments (AutoPay) or do not receive your Payment Coupon Book at least one week before your first payment is due, please send in your payment with the First Payment Coupon below and call us to ensure that your Payment Coupon Book is mailed to you promptly. Always remember to mail your payment at least 7 business days before the due date to allow enough time to reach us.

Sincerely,

**Credit Acceptance**

*Tear here and mail the First Payment Coupon below along with your payment to the address above.*

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## First Payment Coupon

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Payment Amount   
Name   
Phone Number   
Street Address   
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